

CONSTRUCTION PERMIT
APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 150 ALLAKE Rd. BECK
2. Owner Name: WKR INVESTMENTS Tel. (201) 242-0187
Address: Rt. 149. NEWARK N.J.
3. Principal Contractor: H. LISANTE & CO. Tel. (201) 467-9540
Address: 78 Spring Brook Rd. SPRINGFIELD N.J. 07081
Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: LINDSTROM ASSOC. Tel. (4) 477-8800
Address: MARTOLING Rd. BECK.
5. Responsible Person in Charge of Work _____ Tel. (____) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: INTERIOR

B. CATEGORIES OF WORK

- | Permit/Category | Estimated |
|--|--------------------|
| 1. ☒ Building/Structural | 18,000
\$ 4,000 |
| 2. ☐ Plumbing | |
| 3. ☐ Electrical | |
| 4. ☐ Fire Protection | |
| 5. ☐ Other _____ | |
| 6. ☐ Other _____ | |
| TOTAL COST \$ 22,000.00 | |

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☐ One-Family (R-3a)
- If new construction, enter no. of dwelling units: _____
- If other than new construction, enter no. of dwelling units: _____
- Before Construction: _____
- After Construction: _____
- Net Gain (or loss): _____

B. NON-RESIDENTIAL

- | | |
|---|---|
| 5. ☐ Theatres with Stage (A-1-A) | 16. ☐ Institutional Detention Center (I-1) |
| 6. ☐ Movie Theatres (A-1-B) | 17. ☐ Hospitals, Infirmarys (I-2) |
| 7. ☐ Night Clubs (A-2) | 18. ☐ Group Homes (I-3) |
| 8. ☐ Restaurants, Libraries, Museums (A-3) | 19. ☐ Mercantile (M) |
| 9. ☐ Religious Assembly (A-4) | 20. ☐ Moderate-Hazard Warehouse (S-1) |
| 10. ☐ Outdoor Assembly (A-5) | 21. ☐ Low-Hazard Warehouse (S-2) |
| 11. ☐ Business (B) | 22. ☐ Temporary, Misc. (U) |
| 12. ☐ Educational (E) | 23. ☐ Other _____ |
| 13. ☐ Moderate-Hazard Factory (F-1) | |
| 14. ☐ Low-Hazard Factory (F-2) | |
| 15. ☐ High-Hazard (H) | |

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

- | Principal | Secondary | Type |
|-----------------------------|--------------------------|--------------------------|
| 3. ☐ | ☐ | Gas |
| 4. ☐ | ☐ | Oil |
| 5. ☐ | ☐ | Electric |
| 6. ☐ | ☐ | Solid (Wood, Coal, Etc.) |
| 7. ☐ | ☐ | Propane |
| 8. ☐ | ☐ | Solar |
| 9. ☐ | ☐ | Other _____ |

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
 B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.
- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

AGENT NAME _____ TEL. () _____

ADDRESS _____

SIGNATURE _____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date Receiver	Approval Date Reviewer	Comments
☐	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
☐	PLUMBING			
☐	ELECTRICAL			
☐	FIRE PROTECTION			
☐	OTHER _____			

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
☒	ALL CONSTRUCTION			
☒	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION			
	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

- | | |
|---|-------------------|
| ☐ Temporary Certificate of Occupancy | Date Issued _____ |
| Date Expired _____ | |
| ☐ Temporary Certificate of Occupancy | Date Issued _____ |
| Date Expired _____ | |
| ☐ Certificate of Occupancy | No. _____ |
| ☐ Certificate of Continued Occupancy | No. _____ |
| ☐ Certificate of Approval | No. _____ |
| ☐ None | |

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 165.00
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	.
OTHER _____	.
SUBTOTAL	\$ 165.00
- LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____	= 20.00
CERTIFICATE OF OCCUPANCY	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 190.00
DATE _____ Collected By _____	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
- LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			\$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	\$.

A. IDENTIFICATION

When changing contractors, notify this office

Contractor D. L. Hale & Co.

Address 18 Spring Brook Rd

Tel. ~~Ext.~~ 467 9590

Lic. No. _____

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Forming of ② Handcapped.
Rest Rooms and Office Abae

~~Metal fasteners of steel
Metal fasteners of steel
Store part.~~

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Alteration/Renovation

- ☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Basis

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SUBTOTAL

2200

Minimum Building Fee (if applicable)

6

Total Building Fee
(Greater of Minimum
or Subtotal)

USE GROUP: _____ Present _____ Proposed _____

Total Building Area--All Floors _____ Sq. Ft.

Volume of Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS[illegible]

Maximum Occupancy Load:

INSPECTIONS

	Date	Initials
☐ No Plans Required	4/12/88	BD
☒ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

☒ CO	☐ CC0	☐ CA
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Inspected By: DA

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☒ Finishes				9-1-88 166
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				